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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. <u>10/070075</u>		FILING DATE		
							APPLICANT(S)				
<b>CLAIMS</b>											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6	/						56				
7		/					57				
8		/					58				
9		3					59				
10		0					60				
11		0					61				
12		0					62				
13		0					63				
14	/						64				
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48							98				
49							99				
50							100				
TOTAL ID.	4		4				TOTAL IND.				
TOTAL EP.	16		14				TOTAL DEP.				
TOTAL CLAIMS	50		18				TOTAL CLAIMS				